

L230000436765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

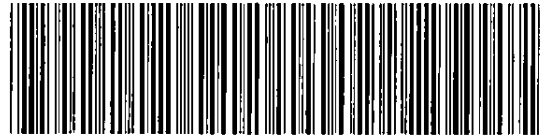
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
AUG 21 2024

Office Use Only



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FILED  
2024 AUG 14 PM 12:32  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS



August 12<sup>th</sup>, 2024

**By FedEx:**

Florida Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL  
32303

Re: Statement of Change of Registered Office or Registered Agent or Both for LLC  
Syndicate Claim Services LLC

Dear Sir/Madam:

Please find the Statement of Change of Registered Office or Registered Agent or Both for LLC, Power of Attorney, payable check, and stamped return envelope, attached herein.

Please forward any questions in connection with this filing to 3H Corporate Services, LLC, 36 Long Alley, Saratoga Springs, New York, 12866 Attn: Matthew Benware, or via email to [matthew.benware@3hcs.com](mailto:matthew.benware@3hcs.com). Please do not hesitate to contact me at (518) 583-0639 Ext. 128 if you have any questions.

Best Regards,

A handwritten signature in black ink, appearing to read 'Matthew Benware', is written over a horizontal line.

Matthew Benware  
Corporate Compliance Paralegal

SYNDICATE CLAIM SERVICES INC.  
REVOCABLE POWER OF ATTORNEY

Syndicate Claim Services Inc. (herein referred to as the "Company") gives Gary T. Harker, Esq., Darrell Belch, Esq., and Kevin Kennedy of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes, registered agent changes, and Director and Officer changes that must be filed by the Company with the Secretary of State (or analogous Department) of any jurisdiction in which the Company is authorized to do business, provided that Messrs. Harker, Belch, and Kennedy of 3H will only use information provided to them by the Company to make such filings.

Further, this grant of powers specifically gives Gary T. Harker, Esq., Darrell Belch, Esq., and Kevin Kennedy of 3H, the power to execute on its behalf any and all Illinois Annual Reports that must be filed with the Illinois Secretary of State and shall include the grant of the power to execute Illinois forms necessary to update the Illinois Secretary of State's records with regard to changes to and in share information and paid-in-capital, which is currently reported on Form BCA 14.30, if and when necessary.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a corporate officer of the Company or a resolution of the Company's Board of Directors.

Date: 07/16/2024

Kristina J Keane

Kristina Keane  
Secretary

SWORN TO and subscribed before me this 16th day of July, 2024.

[Signature]

Signature of Notary

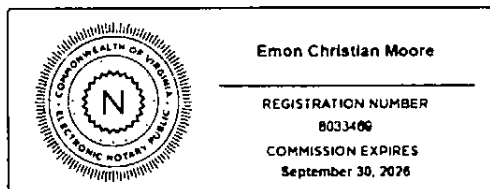
Emon Christian Moore

Printed Name of Notary

09/30/2026

My Commission Expires

Notarial Seal/Stamp



Commonwealth of Virginia, County of Prince William  
Notarized remotely online using communication technology via Proof.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Syndicate Claim Services LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Benware

\_\_\_\_\_  
Name of Person

3H Corporate Services, LLC

\_\_\_\_\_  
Firm/Company

36 Long Alley

\_\_\_\_\_  
Address

Saratoga Springs, NY 12866

\_\_\_\_\_  
City/State and Zip Code

sosfilings@3hcs.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Benware

518

583-0639 ext. 128

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Syndicate Claim Services LLC

2. (a) 8383 Craig St, Ste 325  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Indianapolis, IN  
46250-3541

(b) 8383 Craig St, Ste 325  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Indianapolis, IN  
46250-3541

3. 05/26/2006 Date of filing/registration in Florida 4. L23000436765 Document number

5. (a) REGISTERED AGENTS INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4TH ST N, STE 300,  
ST. PETERSBURG, FL 33702

(b) 3H Agent Services, Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:  
2114 NW 40th Terrace, Suite D2,  
Gainesville, FL 32605

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member Kevin Kennedy Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**

FILED  
2024 AUG 14 PM 12:33  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA